



CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

PETER FUENTES _____X

441-13-06158

Full name of plaintiff/prisoner ID#

Plaintiff,

-against-

POLICE OFFICER MARTINEZ
N.Y.P.D. / 105th PRECINCT

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: VERNON C. BAIN CTR

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (☒) No ()

C. If your answer is YES,

1. What steps did you take? I WENT TO THE GRIEVANCE OFFICE

2. What was the result? I WAS TOLD I COULD FILE A CLAIM.

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I ASKED GRIEVANCE OFFICER ABOUT IT.

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff PETER FUENTES

Address 100 CENTRE ST. RM 1541 NY, NY 10007.

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

OFFICER MARTINEZ (MALE)

105th PRECINCT, NYPD

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

ON ~~SD~~ JULY 24th AT AROUND 9PM, POLICE WERE
DISPATCHED TO MY HOUSE AT 227-85 MBR ST. I
WAS IN MY BACKYARD WHEN OFFICER MARTINEZ ASKED
ME "DID I LIKE TO HIT WOMEN?" AND PUNCHED ME
WITH HIS LEFT HAND IN A FIST ON MY RIGHT EYE.
THE OTHER OFFICER PUT ME IN AN AMBULANCE
TO LONG ISLAND JEWISH WITH OFFICER MARTINEZ, WHO
THREATENED ME AGAIN, AND TOLD THE HOSPITAL
STAFF I WAS CRAZY.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I SUSTAINED A DISLOCATED JAW. I NEEDED X-RAYS,
PAINKILLERS, (TYLENOL) X-RAYS AND 3 MONTHS FOR IT
TO HEAL / SET. I COULDN'T CHEW SOLID FOOD
FOR OVER 1 MONTH AND ALSO HAD A BLACK EYE AND
STILL HAVE EYE PAIN.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

\$1,200 PLUS ANY FILING FEES I INCUR TO
PAY FOR AMBULANCE (\$800) AND PAIN/SUFFERING

I declare under penalty of perjury that on 9/12/13, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 12 day of SEPTEMBER, 2013. I declare under penalty of
perjury that the foregoing is true and correct.



Signature of Plaintiff

V.C.B.L.

Name of Prison Facility

1 HAULEN ST

BROWN, NY 10474

Address

441-13-06158

Prisoner ID#

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF NEW YORK
 PRO SE OFFICE
 U.S. COURTHOUSE
 225 CADMAN PLAZA EAST
 BROOKLYN, NEW YORK 11201

FILED
 IN CLERK'S OFFICE
 US DISTRICT COURT E.D.N.Y.

★ OCT 17 2013 ★

BROOKLYN OFFICE

INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.
2. **Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 ½ by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.
3. **Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.
4. **Fee:** The filing fee is \$350, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4.
5. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

When you have completed the forms, mail the original and 2 copies to the United States District Court, EDNY, 225 Cadman Plaza East, Brooklyn, NY 11201
Attention: Pro Se Office or on Long Island to: Clerk of United States District Court, EDNY, 100 Federal Plaza, Central Islip, NY 11722.

This instruction page need not be copied or submitted. Remember to keep a copy of the completed complaint for your records.